



Indiana Department of Veterans Affairs
Military Family Relief Fund (MFRF) Application
If you need assistance completing this application, please call 1-800-400-4520

Mail To:
Indiana Department of Veterans Affairs
302 W. Washington Street E120
Indianapolis, IN 46204

Military Member's Information

NAME: _____ BIRTHDATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ MOBILE PHONE: _____

RANK: _____ SOCIAL SECURITY NUMBER: _____

HOME STATION UNIT OF ASSIGNMENT: _____

NATIONAL GUARD? _____ RESERVES? _____ (Check one)

IS MEMBER MARRIED: _____ IF NO, DOES MEMBER HAVE A FAMILY MEMBER IN DEERS? _____

APPLICATION INFORMATION (SPOUSE'S OR DEPENDENT'S INFORMATION IF APPLICANT IS OTHER THAN THE MILITARY MEMBER)

NAME: _____ SSN: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ RELATIONSHIP TO MILITARY MEMBER: _____

I/WE **HAVE HAVE NOT** applied for a MFRF grant before.
(Circle One)

Type of grant applicant qualifies for: Service member must have been mobilized and show a financial hardship caused by their mobilization _____.

MILITARY UNIT POINT OF CONTACT FOR VERIFICATION (VERIFICATION MANDATORY)

I verify that is service member is in good standing with the unit, and that all necessary documentation is attached and the need is verified.

NAME: _____

POSTION/TITLE: _____ PHONE NUMBER: _____

I (Printed Name) _____ am requesting a grant to pay for the following items:

ITEM (Repair, Service, Bill, etc)	SERVICE PROVIDER (Company Name & Phone Number)	AMOUNT
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____
7. _____	_____	\$ _____
8. _____	_____	\$ _____
9. _____	_____	\$ _____
Total Amount Requested		\$ _____

Please use attachment(s) if additional space is necessary)

Total Service Member pre-tax civilian monthly income (before mobilization if applicable) \$ _____

Total Military monthly income (Pre Tax) \$ _____

Items required for Proof are listed below. ***Please initial on the line below when each item is provided.***

Unit Administrator

Initials

Requested Document

- | | |
|-------|--|
| _____ | (TAB A) Attach written statement or letter from service member or family member (if member is deployed) on what the grant will be used for. In the attached statement, please explain why military duty impairs the ability to pay the debt or bill. |
| _____ | (TAB B) Attach a copy of mobilization or active duty orders issued by authorized headquarters. |
| _____ | (TAB C) Attach a copy of your civilian payroll record or stub indicating the monthly salary prior to deployment. (Both husband and wife if married) |
| _____ | (TAB D) Attach a copy of the most recent military (LES) salary. |
| _____ | (TAB E) Attach a copy of your most recent Tax Return (year before mobilized) |
| _____ | (TAB F) Attach copies of bills/invoices/estimates/notices for expenses the grant will be used for. |

*I certify the above information to be true and correct. I authorize the verification/release of the information I am providing on this application. I authorize the State of Indiana and Joint Forces Headquarters or the appropriate Reserve Forces Command access to my pertinent records, including information maintained in DEERS, as necessary to evaluate my application. Disclosure of information on this form including social security numbers is voluntary, however, failure to provide requested information may prohibit the processing of this grant application. In accordance with applicable laws, the State of Indiana and the appropriate Selected Reserves HQ will maintain confidentiality regarding the application and any grant approved or denied, except as required to process this or subsequent applications, or as otherwise required by law. **I also understand that if funds are granted, that I will be awarded the funds at a presentation at the offices of the Indiana Dept. of Veterans Affairs, Indianapolis. A photo of myself and a copy of the application will be kept on file for the purpose of documentation.***

Applicant Signature

Date